



Meridian Environmental Consulting, LLC

April 2, 2020

Grant Neitzel
Wisconsin Department of Natural Resources
1701 N 4th St
Superior, WI 54880

Subject: **Well Abandonment Forms**
Donald Store (former)
W16623 County Highway M
Gilman, Wisconsin 54433
PECFA No. 54433-9441-23
DNR BRRTS No. 03-61-168145
Meridian No. 05F813

Dear Grant:

Enclosed please find the well abandonment forms for the former Donald Store site.

Sincerely,
MERIDIAN ENVIRONMENTAL CONSULTING, LLC

Kenneth Shimko, PG
Project Manager

MW-1

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water
- Watershed/Wastewater
- Remediation/Redevelopment
- Waste Management
- Other: _____

1. Well Location Information

County Taylor	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions)	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address W16623 County Rd M	Range <input type="checkbox"/> E <input type="checkbox"/> W	

2. Facility / Owner Information

Facility Name Former Donald Store		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner Taylor County		
Mailing Address of Present Owner Medford WI		
City of Present Owner Medford	State WI	ZIP Code

Well Street Address W16623 County Rd M	Well ZIP Code 54433
Well City, Village or Town Gitman	Lot #
Subdivision Name	

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Reason for Removal from Service Project closed	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2-18-2016
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type:	
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug

Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 20
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, to what depth (feet)? 8	Depth to Water (feet) 3

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite chips	Surface	20	~ 2/3	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Lstg	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/1/2020	DNR Use Only	
Street or Route 2711 W. Elco Rd	Telephone Number ()	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 4-2-2020

Changed to MW-1, MW-2 etc.

State of Wisconsin
Department of Natural Resources

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name
Former Donnell Store

Local Grid Location of Well
_____ ft. N. _____ ft. E.
_____ ft. S. _____ ft. W.

Well Name
MW-1 D-1

Facility License, Permit or Monitoring No. _____

Wis. Unique Well No. _____ DNR Well ID No. _____

Facility ID _____

Date Well Installed 2/18/2016
m m d d y y y y

Type of Well _____

Well Installed By: Name (first, last) and Firm
Kent
Beiss

Well Code _____

Distance from Waste/Source _____ ft. Apply Location of Well Relative to Waste/Source
u Upgradient s Sidegradient
d Downgradient n Not Known

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation _____ ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or 1 ft.

12. USCS classification of soil near screen:
GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock

13. Sieve analysis performed? Yes No

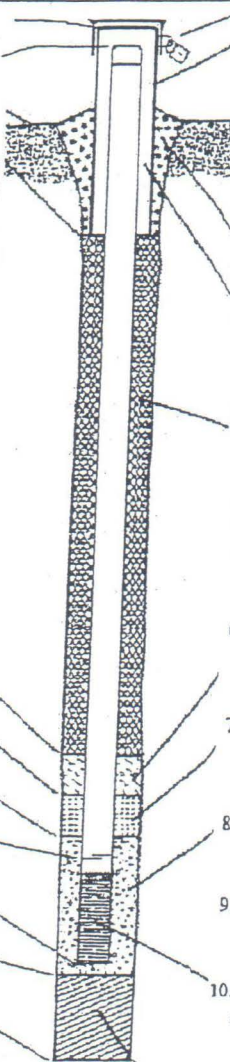
14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Other

15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required): _____



1. Cap and lock? Yes No
2. Protective cover pipe:
a. Inside diameter: 12 in.
b. Length: 1 ft.
c. Material: Steel 04
Other
d. Additional protection? Yes No
If yes, describe: _____
3. Surface seal: Bentonite 30
Concrete 01
Other
4. Material between well casing and protective pipe: Bentonite 30
Other
5. Annular space seal: a. Granular/Chipped Bentonite 33
b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight... Bentonite slurry 31
d. _____ % Bentonite... Bentonite-cement grout 50
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
6. Bentonite seal: a. Bentonite granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
c. _____ Other
7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other
10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer _____
c. Slot size: 0.1 in.
d. Slotted length: 10 ft.
11. Backfill material (below filter pack): None 14
Other

E. Bentonite seal, top _____ ft. MSL or 8 ft.
F. Fine sand, top _____ ft. MSL or 8 ft.
G. Filter pack, top _____ ft. MSL or 8 ft.
H. Screen joint, top _____ ft. MSL or 10 ft.
I. Well bottom _____ ft. MSL or 20 ft.
J. Filter pack, bottom _____ ft. MSL or 21 ft.
K. Borehole, bottom _____ ft. MSL or 21 ft.
L. Borehole, diameter 8 in.
M. O.D. well casing 2 in.
N. I.D. well casing 2 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm Meridian Env - Cs/Hy, LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-2R

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Taylor		WI Unique Well # of Removed Well		Hicap #		Facility Name Former Donald Store	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		Original Well Owner	
<input type="checkbox"/> OTH001		Range <input type="checkbox"/> E		Present Well Owner Taylor County		Mailing Address of Present Owner Medford WI	
1/4 / 1/4 or Gov't Lot #		Township N		Range <input type="checkbox"/> W		City of Present Owner Medford	
Well Street Address W16623 County Rd M				State WI			
Well City, Village or Town Gilman				ZIP Code 54433			
Subdivision Name				Lot #			

Reason for Removal from Service Project closed		WI Unique Well # of Replacement Well	
3. Filled & Sealed Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 4-20-2017	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type:			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Dug	
Formation Type:			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 15		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 15	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 3		Depth to Water (feet) 4	

4. Pump, Liner, Screen, Casing & Sealing Material			
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite chips	Surface	15	1/2 bag	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. Lstg		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/1/2020	Date Received	Noted By
Street or Route 2711 W. Elco Rd			Telephone Number ()	Comments	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 4-2-2020	

MW-2R

Facility/Project Name: Donald Stare (former) Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. W.

Well Name: MW-2R

Facility License, Permit or Monitoring No. _____ Local Grid Origin (estimated:) or Well Location

Wis. Unique Well No. _____ DNR Well ID No. _____

Facility ID _____ St. Plane _____ ft. N. _____ ft. E. S/C/N _____

Date Well Installed: 4/20/2017
m m d d y y y y

Type of Well _____ Section Location of Waste/Source _____

Well Code _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ E W

Distance from Waste/Source _____ ft. Enf. Stds. Apply

Location of Well Relative to Waste/Source: u Upgradient s Sidegradient d Downgradient n Not Known

Gov. Lot Number _____

Well Installed By: Name (first, last) and Firm
Joe Black
PSI

A. Protective pipe, top elevation _____ ft. MSL Yes No

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or _____ ft.

1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in. 12
b. Length: _____ ft. 1
c. Material: Steel 04
Other
d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal:
Bentonite 30
Concrete 01
Other

4. Material between well casing and protective pipe:
Bentonite 30
Other

5. Annular space seal:
a. Granular/Chipped Bentonite 33
b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight ... Bentonite slurry 31
d. _____ % Bentonite ... Bentonite-cement grout 50
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08

6. Bentonite seal:
a. Bentonite granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
c. Other

7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other

10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer _____
c. Slot size: _____ in. 0.1
d. Slotted length: _____ ft. 10

11. Backfill material (below filter pack): None 14
Other

12. USCS classification of soil near screen:
GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock

13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Other

15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis, if required): _____

E. Bentonite seal, top _____ ft. MSL or 3 ft.

F. Fine sand, top _____ ft. MSL or 3 ft.

G. Filter pack, top _____ ft. MSL or 3 ft.

H. Screen joint, top _____ ft. MSL or 5 ft.

I. Well bottom _____ ft. MSL or 15 ft.

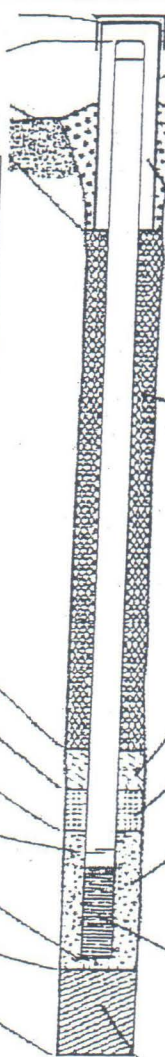
J. Filter pack, bottom _____ ft. MSL or 15 ft.

K. Borehole, bottom _____ ft. MSL or 15 ft.

L. Borehole, diameter 8 in.

M. O.D. well casing 2 in.

N. I.D. well casing 2 in.



I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: [Signature] Firm: Mendota Environmental Consulting LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-3A

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water
- Watershed/Wastewater
- Remediation/Redevelopment
- Waste Management
- Other: _____

1. Well Location Information

County Taylor	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot # _____	Section _____	Township N
Well Street Address W16623 County Rd M	Well ZIP Code 54433	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Gitman	Subdivision Name _____	Lot # _____
Reason for Removal from Service Project closed	WI Unique Well # of Replacement Well _____	

2. Facility / Owner Information

Facility Name Former Donald Store		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # _____		
Original Well Owner _____		
Present Well Owner Taylor County		
Mailing Address of Present Owner Medford WI		
City of Present Owner Medford	State WI	ZIP Code _____

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4-20-2017
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 15
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 3	Depth to Water (feet) 6

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	~1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Lstg	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/1/2020	DNR Use Only	
Street or Route 2711 W. Elco Rd	Telephone Number () _____	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 4-2-2020

Facility/Project Name Donald Stare (former)	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-3A
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or	Wis. Unique Well No. / DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 4/20/2017 m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSI
Well Code _____ /	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Distance from Waste/Source _____ ft.	Gov. Lot Number _____	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: 12 in. b. Length: 1 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input checked="" type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 3 ft.	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 3 ft.	b. Manufacturer _____ c. Slot size: _____ 0. 1 in. d. Slotted length: 10 ft.
G. Filter pack, top _____ ft. MSL or 3 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 5 ft.	
I. Well bottom _____ ft. MSL or 15 ft.	
J. Filter pack, bottom _____ ft. MSL or 15 ft.	
K. Borehole, bottom _____ ft. MSL or 15 ft.	
L. Borehole, diameter 8 in.	
M. O.D. well casing 2 in.	
N. I.D. well casing 2 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *[Signature]* Firm **Mendota Environmental Consulting LLC**

MW-3B

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Taylor		WI Unique Well # of Removed Well		Hicap #		Facility Name Former Donald Store	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township N		License/Permit/Monitoring #	
Well Street Address W 16623 County Rd M		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner Taylor County	
Well City, Village or Town Gitman		Well ZIP Code 54433		Mailing Address of Present Owner Medford WI		City of Present Owner Medford	
Subdivision Name		Lot #		State WI		ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service Project closed		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 4-20-2017		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 30		Casing Diameter (in.) 2		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 2		Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
If yes, to what depth (feet)? 22		Depth to Water (feet) 4.5		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	1 bag	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. Co. LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/1/2020	Date Received	Noted By
Street or Route 2711 W. Elco Rd		Telephone Number ()		Comments	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 4-2-2020	

Facility/Project Name Donald Store (former)	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-3B
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or " or "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 4/20/2017 m m d d y y y y
Type of Well Well Code /	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm Joe Black PSI
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

- A. Protective pipe, top elevation --- \emptyset ft. MSL
- B. Well casing, top elevation --- \emptyset ft. MSL
- C. Land surface elevation --- \emptyset ft. MSL
- D. Surface seal, bottom --- ft. MSL or --- ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

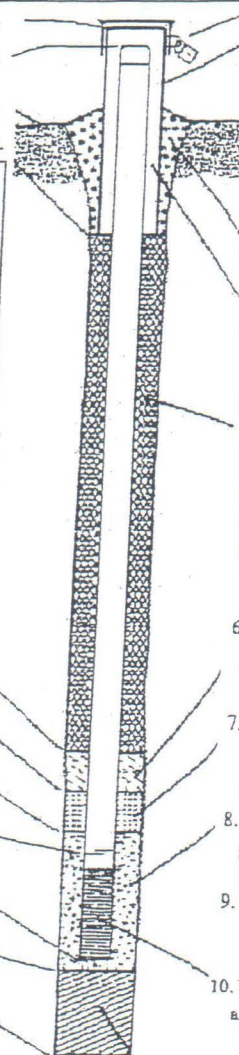
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____
 17. Source of water (attach analysis, if required): _____



1. Cap and lock? Yes No
2. Protective cover pipe:
 a. Inside diameter: **12** in.
 b. Length: **1** ft.
 c. Material: Steel 04
 Other
- d. Additional protection? Yes No
 If yes, describe: _____
3. Surface seal: Bentonite 30
 Concrete 01
 Other
4. Material between well casing and protective pipe:
 Bentonite 30
 Other
5. Annular space seal:
 a. Granular/Chipped Bentonite 33
 b. Lbs/gal mud weight... Bentonite-sand slurry 35
 c. Lbs/gal mud weight... Bentonite slurry 31
 d. % Bentonite... Bentonite-cement grout 50
 e. Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. Other
7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
10. Screen material: **PVC**
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer _____
 c. Slot size: **0.1** in.
 d. Slotted length: **5** ft.
11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top --- ft. MSL or **22** ft.
- F. Fine sand, top --- ft. MSL or **22** ft.
- G. Filter pack, top --- ft. MSL or **23** ft.
- H. Screen joint, top --- ft. MSL or **25** ft.
- I. Well bottom --- ft. MSL or **30** ft.
- J. Filter pack, bottom --- ft. MSL or **30** ft.
- K. Borehole, bottom --- ft. MSL or **30** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *[Signature]* Firm **Mendota Environmental Consulting LLC**

MW-800

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Taylor		WI Unique Well # of Removed Well		Hicap #		Facility Name Former Donald Store	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address W 16623 County Rd M				Original Well Owner			
Well City, Village or Town Gitman				Present Well Owner Taylor County			
Subdivision Name				Mailing Address of Present Owner Medford WI			
Well ZIP Code 54433				City of Present Owner Medford		State WI	ZIP Code

Reason for Removal from Service Project closed		WI Unique Well # of Replacement Well	
3. Filled & Sealed Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 6-10-1997	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 14		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 14	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 1-3		Depth to Water (feet) 5.1	

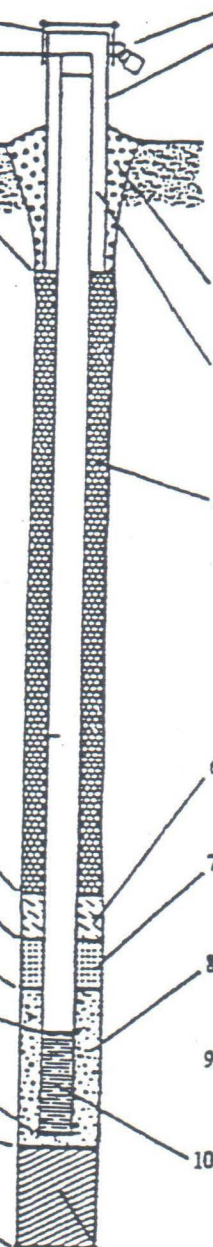
4. Pump, Liner, Screen, Casing & Sealing Material				
Pump and piping removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material				
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped		
<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____		
Sealing Materials				
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete		
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:				
<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole			
From (ft.)		To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)
Surface		14	1/2 bag
Mix Ratio or Mud Weight			

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. Lstg		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/1/2020	Date Received	Noted By
Street or Route 2711 W. Elco Rd			Telephone Number ()	Comments	
City Fall Creek		State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 4-2-2020

Facility/Project Name	Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-800</u>
State License, Permit or Monitoring Number		Wis. Unique Well Number: _____ DNR Well Number: _____
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location _____ 1/4 of _____ 1/4 of Section _____ T _____ N, R _____ <input type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed ____/____/____
Distance Well Is From Waste/Source Boundary _____ ft.	Location of Well Relative to Waste/Source <input type="checkbox"/> Upgradient <input type="checkbox"/> Sidegradient <input type="checkbox"/> Downgradient <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) <u>Serry Etker</u> <u>Giles Engineering</u>
Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>A Protective pipe, top elevation _____ ft. MSL</p> <p>B Well casing, top elevation _____ ft. MSL</p> <p>C Land surface elevation _____ ft. MSL</p> <p>D Surface seal, bottom _____ ft. MSL or _____ ft.</p> <p>12. USCS classification of soil near screen: <input type="checkbox"/> GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock</p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/> _____</p> <p>Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99</p> <p>Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe _____</p> <p>Source of water (attach analysis): _____</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <u>8.0</u> in. b. Length: _____ <u>7.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> _____</p> <p>d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>EXPANDABLE CAP</u></p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/> _____</p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> _____ Other <input type="checkbox"/> _____</p> <p>5. Annular space seal: Granular Bentonite <input checked="" type="checkbox"/> 33 _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 <u>50 lbs</u> volume added for any of the above How installed: Tremie <input checked="" type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08</p> <p>6. Bentonite seal: Bentonite granules <input type="checkbox"/> 33 <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 <u>Chipped Bentonite</u> Other <input checked="" type="checkbox"/> _____</p> <p>7. Fine sand material: Manufacturer, product name and mesh size <u>#45-55 Red Flint</u> Volume added <u>50 lbs</u></p> <p>8. Filter pack material: Manufacturer, product name and mesh size <u>#30 Red Flint</u> Volume added <u>350 lbs</u></p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/> _____</p> <p>10. Screen material: <u>PVC</u> Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> _____</p> <p>Manufacturer <u>DIEDERICH</u> Slot size: _____ <u>0.10</u> in. Slotted length: _____ <u>10.0</u> ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> _____ Other <input type="checkbox"/> _____</p>
---	--

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: Jim Grahler Firm: Giles Engineering

PZ-800

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water
- Watershed/Wastewater
- Remediation/Redevelopment
- Waste Management
- Other: _____

1. Well Location Information

County Taylor	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions)	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address W16623 County Rd M	Range <input type="checkbox"/> E <input type="checkbox"/> W	Well ZIP Code 54433
Well City, Village or Town Gilman	Subdivision Name	Lot #

2. Facility / Owner Information

Facility Name Former Donald Store		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner Taylor County		
Mailing Address of Present Owner Medford WI		
City of Present Owner Medford	State WI	ZIP Code

Reason for Removal from Service Project closed	WI Unique Well # of Replacement Well
--	--------------------------------------

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 6-10-1997
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 36	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 36
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 29	Depth to Water (feet) 7

Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

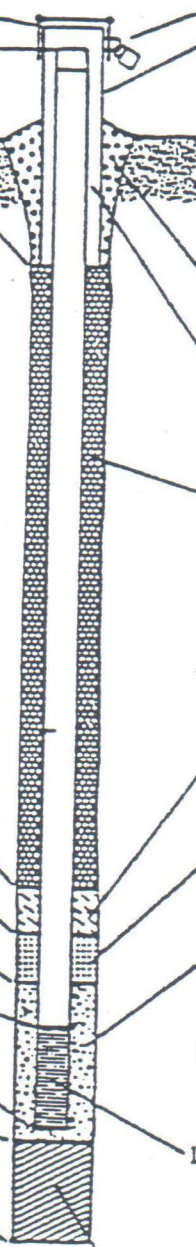
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	36	1 1/4 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Lstg	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/1/2020	DNR Use Only	
Street or Route 2711 W. Elco Rd	Telephone Number ()	Date Received	Noted By	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 4-2-2020

Facility/Project Name	Grid Location	Well Name
Quality License, Permit or Monitoring Number	ft. <input type="checkbox"/> N. <input type="checkbox"/> S. ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Wis. Unique Well Number: <u>PZ-800</u> DNR Well Number:
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input checked="" type="checkbox"/> 12	Section Location 1/4 of _____ 1/4 of Section _____ T _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed m m / d d / y y
Distance Well Is From Waste/Source Boundary ft.	Location of Well Relative to Waste/Source <input type="checkbox"/> Upgradient <input type="checkbox"/> Sidegradient <input type="checkbox"/> Downgradient <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) <u>Jerry Ethel</u> <u>Giles Engineering</u>
Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>A. Protective pipe, top elevation ----- ft. MSL</p> <p>Well casing, top elevation ----- ft. MSL</p> <p>C. Land surface elevation ----- ft. MSL</p> <p>Surface seal, bottom ----- ft. MSL or ----- ft.</p> <p>12. USCS classification of soil near screen: <input type="checkbox"/> GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock</p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>5. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99</p> <p>6. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe _____</p> <p>7. Source of water (attach analysis): _____</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <u>8.0</u> in. b. Length: <u>1.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>EXPANDABLE CAP</u></p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/></p> <p>5. Annular space seal: Granular Bentonite <input type="checkbox"/> 33 Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 Lbs/gal mud weight... Bentonite slurry <input checked="" type="checkbox"/> 31 % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 <u>50 GAL</u> volume added for any of the above</p> <p>How installed: Tremie <input checked="" type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08</p> <p>6. Bentonite seal: Bentonite granules <input type="checkbox"/> 33 <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 <u>Bentonite SLURRY</u> Other <input checked="" type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name and mesh size <u>#45-55 Red Flint</u> Volume added <u>50 lbs</u></p> <p>8. Filter pack material: Manufacturer, product name and mesh size <u>#30 Red Flint</u> Volume added <u>150 lbs</u></p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: <u>PVC</u> Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>Manufacturer <u>Diederich</u> Slot size: <u>0.10</u> in. Slotted length: <u>5.0</u> ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> Other <input type="checkbox"/></p>
<p>Bentonite seal, top ----- ft. MSL or <u>2.0</u> ft.</p> <p>F. Fine sand, top ----- ft. MSL or <u>29.0</u> ft.</p> <p>G. Filter pack, top ----- ft. MSL or <u>30.0</u> ft.</p> <p>Well screen, top ----- ft. MSL or <u>31.0</u> ft.</p> <p>I. Well screen, bottom ----- ft. MSL or <u>36.0</u> ft.</p> <p>Filter pack, bottom ----- ft. MSL or <u>36.0</u> ft.</p> <p>J. Borehole, bottom ----- ft. MSL or <u>36.0</u> ft.</p> <p>L. Borehole, diameter <u>8.2</u> in.</p> <p>O.D. well casing <u>2.34</u> in.</p> <p>N. I.D. well casing <u>2.0</u> in.</p>	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: [Signature] Firm: Giles Engineering

Case complete and return both sides of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5,000 for each day of violation. In accordance